Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Neuhardt For Congress PO BOX 1224 ADDRESS (number and street) (Check if address is changed) 45401-1224 OH CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sharen.neuhardt@neuhardtforcongress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.neuhardtforcongress.com (Check if address is changed) DATE 30 2012 C00443143 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Elizabeth Heller Allen Type or Print Name of Treasurer Elizabeth Heller Allen [Electronically Filed] 80 30 2012 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC F	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE	
	te Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
Name of Candidate	Sharen Swartz Neuhardt	
Candidate	Office	State
Party Affilia	ation DEM Sought: X House Senate President	District 10
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)	· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Cor	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

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Write or Type Committee I	Name	
Neuhardt For	r Congress	
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the person i	n possession of committee
I	en Swartz Neuhardt	
Full Name	4625 US Route 68 North	
Mailing Address		
	Yellow Springs , OH , 453	387
Title or Position	CITY STATE	ZIP CODE
Candidate		- 767 - 7106
. Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; and the e.g., assistant treasurer).	ne name and address of
Full Name Elization of Treasurer	peth Heller Allen	
Mailing Address	750 S 6th St	
	Columbus	206-2127
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 614	- 445 - 0432

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Full Name of Designated		
Agent		
Mailing Address	s <u> </u>	
	CITY STATE	ZIP CODE
Title or Position	n	
	Telephone number	
. Banks or Othe	er Depositories: List all banks or other depositories in which the committee deposits funds, I	
safety deposit	boxes or maintains funds. Depository, etc. US Bank	
safety deposit	boxes or maintains funds. Depository, etc. US Bank 10 N. Ludlow St.	
safety deposit Name of Bank,	boxes or maintains funds. Depository, etc. US Bank 10 N. Ludlow St.	
safety deposit Name of Bank,	boxes or maintains funds. Depository, etc. US Bank 10 N. Ludlow St.	
safety deposit Name of Bank,	boxes or maintains funds. Depository, etc. US Bank 10 N. Ludlow St.	
safety deposit Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. US Bank 10 N. Ludlow St. Dayton OH 4540	02
safety deposit Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. US Bank 10 N. Ludlow St. Dayton CITY STATE	02
safety deposit Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. US Bank 10 N. Ludlow St. Dayton CITY STATE	02
safety deposit Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Dayton CITY STATE Depository, etc.	02
safety deposit Name of Bank, Mailing Addres Name of Bank,	boxes or maintains funds. Depository, etc. Dayton CITY STATE Depository, etc.	02
safety deposit Name of Bank, Mailing Addres Name of Bank,	boxes or maintains funds. Depository, etc. Dayton CITY STATE Depository, etc.	02